

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
APPLICATION FOR RETIREMENT ALLOWANCE**

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

PART ONE: MEMBER INFORMATION (Please print - black ink preferred - or type.)

1. INDICATE YOUR PENSION FUND: ☐ PERS ☐ TPAF
2. MEMBERSHIP NUMBER _____ 3. SOCIAL SECURITY NO. _____
4. NAME _____
Last First Middle
5. HOME PHONE (_____) _____ 6. WORK PHONE (_____) _____
7. HOME E-MAIL ADDRESS _____
8. ADDRESS _____
Street Apt. No.
City State Zip
9. RETIREMENT DATE — To be effective the first day of _____
Month Year
10. DATE OF BIRTH _____
Month Day Year
11. SALARY INFORMATION - Were your last three years of service also the years during which you earned the highest salaries? ☐ YES ☐ NO If no, list the three fiscal years (July - June) in which you earned the highest salaries:

Year 1 Year 2 Year 3
12. PURCHASE INFORMATION - Have you applied to purchase pension service credit within the past six months? ☐ YES ☐ NO
13. SPOUSE'S NAME _____
14. SPOUSE'S ADDRESS (If different from yours) _____
-

PART TWO: TYPE OF RETIREMENT DESIRED

- ☐ **SERVICE RETIREMENT** — You must be age 60 or older to qualify for a Service Retirement. No minimum amount of service credit is required.
- ☐ **EARLY RETIREMENT** — You must be under age 60 and have a minimum of 25 years of service credit. If you are under 55 years of age, your benefit will be reduced (see page 2).
- ☐ **VETERAN RETIREMENT** — You must be a qualified military veteran and meet minimum age and service credit requirements (see page 3).
- ☐ **DEFERRED RETIREMENT** — You must be under age 60 and have a minimum of 10 years of service credit upon termination of employment. A Deferred Retirement becomes effective at age 60 if you have filed an *Application for Retirement Allowance* prior to that date.

CONTINUE TO PART THREE ON REVERSE TO SELECT A PAYMENT OPTION

PART THREE: CHOOSE A RETIREMENT PAYMENT OPTION AND NAME A BENEFICIARY

Indicate your choice for method of payment. Refer to Fact Sheet #5, *Pension Options* (in this booklet), for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance to provide a benefit to a beneficiary upon your death.** The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 1). **Mark only one box.**

- ☐ **MAXIMUM OPTION — NO PENSION BENEFIT TO BENEFICIARY** — Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death. _____
(You must sign here)

Under **Options A, B, C, or D**, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

- ☐ **OPTION A - 100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- ☐ **OPTION B - 75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.
- ☐ **OPTION C - 50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.
- ☐ **OPTION D - 25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.
- ☐ **OPTION 1 - REDUCING RETIREMENT RESERVE TO A BENEFICIARY** — Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die **before the reserve is depleted**. You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

- ☐ **OPTION 2 - 100% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- ☐ **OPTION 3 - 50% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.
- ☐ **OPTION 4 - CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION** — You can name one beneficiary or multiple beneficiaries. Upon your death, your beneficiary(ies) receives a lifetime monthly retirement allowance of \$_____ (can be no more than the Option 2 allowance).
(Enter amount)

RETIREMENT OPTION BENEFICIARY — For Options A, B, C, D, 2, and 3 you may list only ONE beneficiary. To name additional beneficiaries under Options 1 or 4, use the sheet provided at end of the application **and** check this box. ☐

BENEFICIARY NAME

RELATIONSHIP

BIRTH DATE

SOCIAL SECURITY NUMBER (Optional)

ADDRESS _____

MEMBER'S SIGNATURE _____

DATE _____

_____, 20____
I attest that the information provided on this application is true and correct.

SIGN THIS PAGE AND CONTINUE TO PART FOUR ON NEXT PAGE

MEMBER'S NAME _____

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

PART FOUR: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part Three. This designation becomes effective when received by the Division of Pensions and Benefits.

PRIMARY INSURANCE BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT INSURANCE BENEFICIARY(IES) — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE _____

DATE _____

_____, 20_____
I attest that the information provided on this application is true and correct.

Return this application to:
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

ADDITIONAL PENSION OPTION BENEFICIARIES — USE THIS PAGE FOR OPTION 1 OR OPTION 4 ONLY

Use this page if you wish to name additional retirement option beneficiaries to share the benefit with the Option 1 or Option 4 beneficiary you named in Part 3 of the application. Option 1 beneficiaries share the benefit equally. If you are choosing Option 4, indicate the percentage or dollar amount of the benefit that each beneficiary should receive. This section is **not** to be used for Options A, B, C, D, 2, 3, or for life insurance beneficiaries.

MEMBER’S NAME _____

MEMBERSHIP NUMBER _____ **SOCIAL SECURITY NUMBER** _____

	BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			
5.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER’S SIGNATURE

DATE

_____, 20____
I attest that the information provided on this application is true and correct.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR RETIREMENT ALLOWANCE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

PLEASE DETACH THE APPLICATION FROM THE BOOKLET BEFORE MAILING.

When to File — All retirements are effective on the first of the month. **File this application with the Division of Pensions and Benefits before your retirement date** or you will lose benefits. Four to six months advance filing is recommended. You must terminate employment before your retirement date. Mail your completed application to the New Jersey Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

Disability Retirement — Do not use this form to file for any type of disability retirement. Please contact the Division of Pensions and Benefits for the proper application.

INSTRUCTIONS

Please Print — Black Ink Preferred — or Type.

PART ONE:

ITEM 1: PENSION FUND - Indicate the pension fund of which you are a member, the Public Employees' Retirement System (PERS), or the Teachers' Pension and Annuity Fund (TPAF).

ITEM 2: MEMBERSHIP NUMBER - Enter your pension fund membership number shown on your annual statement. If you are not sure of your number, contact your Personnel or Payroll Office.

ITEM 3: SOCIAL SECURITY NUMBER - Provide your Social Security number.

ITEM 4: NAME - Enter your full name.

ITEMS 5 AND 6: TELEPHONE NUMBERS - Enter your home and work telephone numbers. Include your area code.

ITEM 7: HOME E-MAIL ADDRESS - Enter your home e-mail address, if you have one.

ITEM 8: ADDRESS - Enter your present mailing address. Report any change of address *before you begin* receiving a pension to the Retirement Bureau at the address shown above. Provide your Social Security number and retirement date in the letter. Or, you may change your address over the Internet by using our online Change of Address form for pending retirees at: www.state.nj.us/treasury/pensions

ITEM 9: DATE OF RETIREMENT - Enter the date you wish to retire. All retirements are effective on the first of a month. The earliest retirement date available to you is the first of the month following the Division's receipt of your application. For Deferred Retirement, the effective date is the first of the month following your 60th birthday. Your application must be received in this office prior to your retirement date. Your first retirement check will be dated no earlier than the first of the month after your retirement date or 30 days after approval by the PERS or TPAF Board of Trustees, whichever is later.

ITEM 10: DATE OF BIRTH - Enter the month, day, and year of your birth. You should submit a copy of your birth certificate if you have not already done so. *(Do not delay filing the application if this document is not readily available).*

ITEM 11: SALARY INFORMATION - Most retirement allowances are based on the last three years of salary or the three fiscal years (July - June) during which your earnings were the highest. If your last three years were your highest years of salary, check "Yes." If you earned more during previous years than you did during your last three years, check "No" and indicate the dates of the three highest fiscal years.

ITEM 12: PURCHASE INFORMATION - If you have applied to purchase service credit within six months of your filing this retirement application, check "Yes."

ITEM 13 AND 14: SPOUSE'S NAME AND ADDRESS - If you are currently married, provide your spouse's name. Provide your spouse's address if it is different from your address entered on item 8. If you are unmarried, widowed, or divorced, enter N/A.

NOTE: IF NO BOX IS CHECKED IN PARTS TWO OR THREE, YOUR APPLICATION CANNOT BE PROCESSED.

PART TWO:

TYPE OF RETIREMENT DESIRED - Indicate the type of retirement for which you are applying. An explanation of the types of retirement that are available begins on page 2.

PART THREE:

CHOOSE A RETIREMENT PAYMENT OPTION - Mark only one box.

If you choose the **Maximum Option**, you must sign the application in the space indicated to acknowledge your understanding that **no monthly benefit is payable to a spouse or beneficiary**.

Note for Maximum Option: The law requires that the Division notify your spouse if you choose the Maximum Option, which does not provide payments to a beneficiary upon your death. If you are currently married, please enter your spouse's name and mailing address (if different than yours) in item 13. If you are unmarried, widowed, or divorced, enter N/A.

To provide a benefit to a spouse or beneficiary, you may choose one of the following options: A, B, C, D, 1, 2, 3, or 4. See Fact Sheet #5, *Pension Options* (included in this booklet), for an explanation of the available options. Selecting an option other than the Maximum Option will reduce your retirement allowance to provide a benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. Your option selection is irrevocable (cannot be changed under any circumstances) once your retirement becomes "due and payable" (see page 1).

If you do not understand your options, call the Division of Pensions and Benefits for assistance

at (609) 292-7524.

RETIREMENT OPTION BENEFICIARY - In the previous item, you have chosen the method of payment to both you and, if applicable, your beneficiary. Name your beneficiary for that option here. Please include the beneficiary's full name, relationship to you (if not related, write "Friend"), date of birth, Social Security number (optional), and mailing address.

Please complete this section even if you have chosen the Maximum Option. The beneficiary named in this section will receive any optional benefit you selected above, any undistributed pension contributions remaining at your death, and will also receive any issued, but uncashed pension checks remaining at your death. If you choose Options A, B, C, D, 2, 3, or 4, please attach a copy of the beneficiary's birth certificate.

Under Maximum Option and Option 1, you may name any person or persons as well as an institution, charity, organization, your estate, etc., as a beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.*

You may name multiple beneficiaries to share the benefit if you choose Option 1 or Option 4. To name additional beneficiaries, fill out and sign the sheet provided at the end of this booklet, and check the box on the application.

Under Options A, B, C, D, 2, or 3 you may name only one person as a beneficiary.

The designation of beneficiary becomes effective when your *Application for Retirement Allowance* is received by the Division of Pensions and Benefits.

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

PART FOUR:

DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY - (*Does not apply to members with less than 10 years of membership credit.*) Most members of the retirement systems are covered by group life insurance. PERS members who have group life insurance coverage

are entitled to a death benefit of 3/16 of their salary paid during the 12 months preceding their retirement. TPAF members who have both contributory and noncontributory group life insurance are entitled to a death benefit of 7/16 of their highest contractual year of salary. TPAF members who have noncontributory group life insurance only, are entitled to 3/16 of their highest contractual year of salary.

You may name any person or persons as well as an institution, charity, organization, your estate, etc., as a life insurance beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.* You may also name multiple beneficiaries for this benefit. You may change your group life insurance beneficiary at any time.

You should name both a Primary beneficiary(ies) and a Contingent beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, write "see attached" in the beneficiary area of the application. The attachments must also be signed and dated.

Primary Beneficiary(ies) - List the full name, relationship to you (if not related, write "Friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divid-

ed equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

Contingent Beneficiary(ies) - List the full name, relationship to you (if not related, write "Friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the lump sum insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

The designation of beneficiary becomes effective when your *Application for Retirement Allowance* is received by the Division of Pensions and Benefits.

The amount by which your group life insurance is reduced at retirement **may be converted** at retirement to a non-group policy. Conversion must be done **within 31 days** of the termination of employment. If you need further information about conversion, see page 5.

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION,
CONTACT THE OFFICE OF CLIENT SERVICES AT**

(609) 292-7524

OR VISIT OUR OFFICE AT

**50 WEST STATE STREET
TRENTON, NEW JERSEY**